

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO.

APPLICANT(S)

FILED DATE

10740078 12-18-03

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2		1				
3	1					
4		1				
5		1				
6		3				
7	1					
8		1				
9		1				
10		1				
11		1				
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50						
TOTAL IND.	5					
TOTAL DEP.	15					
TOTAL CLAIMS	20					

	IND	DEP	IND	DEP	IND	DEP
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TOTAL CLAIMS						